

Denise Juneau, Superintendent  
Office of Public Instruction  
Division of Special Education  
PO Box 202501  
Helena, Montana 59620-2501



**Discretionary Grant Application Form**  
Federal Funds Under the  
Individuals with Disabilities Education Act  
(IDEA)

**Funding Authority - IDEA**  
CFDA  
# 84.027A

**PART I. PROJECT APPROVAL STATISTICAL DATA AND ABSTRACT**

1. Prime Applicant District/Cooperative/Organization

☐ Elem. \_\_\_\_\_  
Or \_\_\_\_\_ Legal Entity

☐ H.S. \_\_\_\_\_  
District Name District No. County

☐ If a cooperative/organization: \_\_\_\_\_  
Cooperative Name

Project Director \_\_\_\_\_  
Name Address Position Telephone

Board of Trustees has designated the following person responsible for keeping the financial records for this project.

Name Position Address ZIP Code Telephone

**2. STATE EDUCATION AGENCY ACTION ( To be completed by OPI)**

Project Number \_\_\_\_\_ Approved Amount  
\$ \_\_\_\_\_

3. PROJECT DURATION from (a) Month Day Year to (b) Month Day Year  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

4. Funding Authority: (check one)

☐ Preschool \_\_\_\_\_  
☐ Part B \_\_\_\_\_  
☐ Other \_\_\_\_\_

Signature, OPI Approval \_\_\_\_\_

Date of Approval \_\_\_\_\_

5. TITLE OF PROJECT: \_\_\_\_\_

**PART II. STATEMENT OF ASSURANCES**

The Board of Trustees of the Prime Applicant in a meeting held on \_\_\_\_\_ authorized \_\_\_\_\_ to file this application for the district /cooperative/organization to make representations and to make commitments on behalf of the district /cooperative/organization under the provisions of the Individuals with Disabilities Education Act as amended by 101-476.

Signature—Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name of the Authorized Representative \_\_\_\_\_

# GENERAL INSTRUCTIONS FOR PROVISIONS AND ASSURANCES

## DEBARMENT AND SUSPENSION CERTIFICATION

### *DEFINITIONS*

Lower Tier Participant – Any organization (such as a school district or university) or person receiving a grant or contract under this “Application.” This also includes subsequent sub grants or subcontracts.

Covered Transaction – The act of applying for federal funds or submitting a proposal for federal funds.

Lower Tier Transaction – The making of a (1) sub grant to another entity or person or (2) procurement contracted by a Lower Tier Participant to some other entity or person for goods or services, regardless of type, expected to equal or exceed a cumulative value of \$25,000.

Principals – An administration head, key project/grant management person, officer, director, within the Lower Tier Participant’s organization or a sub organization contracted with (i.e., superintendents and the key person in the school district who will exert control or management influence over this project; at a university, it would be the president and principal investigator).

### *INSTRUCTIONS FOR CERTIFICATION*

1. By signing and submitting this proposal, the prospective lower tier participant is stating that it is neither debarred nor suspended.
2. This certification is a material representation of fact upon which reliance was placed when this certification was signed. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment from federal fund participation.
3. The prospective lower tier participant shall provide written notice to the organization to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the organization to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the two-paragraph “Certifying Statement,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required. The knowledge of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly entered into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.

Denise Juneau, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**SCHOOL YEAR 20\_\_\_\_**  
**PROVISIONS AND ASSURANCES**  
**DEBARMENT AND SUSPENSION CERTIFICATION**

School District Name	Elem. Legal Entity No.
County Name	H.S. Legal Entity No.

**This certification covers all federal programs in this application and is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' Responsibilities. The regulations were published as Part VII of the May 25, 1988 Federal Register (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to whom this proposal is submitted.**

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE.)**

**CERTIFYING STATEMENT**

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NOTE: This certification is required of the Prime Applicant District.

Organization Name	
Name and Title of Authorized Representative	
Signature of Authorized Representative	Date

### PART III. PROJECT INFORMATION

Complete the following for each project. A project should address one or more related performance indicators that are in need of improvement for the region. There must be at least one measurable improvement activity associated with each project. Keep in mind that if districts within your region fall in the needs improvement level of determination, the CSPD may be required to provide specific targeted improvement activities.

#### PROJECT 1

<b>Identified Need (s):</b> (Reference the IDEA-Part B State Performance Indicator Report in describing the need. Specifically, identify the individual performance indicator(s) and the corresponding Montana correlate(s) that will be addressed by this project.)
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<b>Project Outcome(s) Statement:</b> (Provide a rationale for how the following improvement activity(s) should impact the target for the identified indicator(s).)
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<b>Improvement Activity(s):</b>			
<table><tr><td><b>Title</b></td><td><b>Date</b></td><td><b>Cost</b></td></tr></table>	<b>Title</b>	<b>Date</b>	<b>Cost</b>
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<b>Expected Outcome:</b> (1. In measurable terms, describe the expected outcome of this activity. 2. Describe the evidence (data reports, evaluation results, etc.) you will have to support those results.)
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## PROJECT 2

<b>Identified Need (s):</b> (Reference the IDEA-Part B State Performance Indicator Report in describing the need. Specifically, identify the individual performance indicator(s) and the corresponding Montana correlate(s) that will be addressed by this project.)						
<b>Project Outcome(s) Statement:</b> (Provide a rationale for how the following improvement activity(s) should impact the target for the identified indicator(s).)						
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### PROJECT 3

<b>Identified Need (s):</b> (Reference the IDEA-Part B State Performance Indicator Report in describing the need. Specifically, identify the individual performance indicator(s) and the corresponding Montana correlate(s) that will be addressed by this project.)
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**Project Outcome(s) Statement:**

(Provide a rationale for how the following improvement activity(s) should impact the target for the identified indicator(s).)

**Improvement Activity(s):**

Title	Date	Cost
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**Expected Outcome:**

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	Denise Juneau, Superintendent Office of Public Instruction PO Box 202501 Helena, Montana 59620-2501	<b>THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT</b> <b>PART B – ANNUAL PROJECT BUDGET</b> <b>2010-2011</b> <b>CFDA #84.027A</b>		
<b>CONTINGENT UPON AVAILABILITY OF FEDERAL FUNDS</b>				
The budget period is July 1 – June 30. Amendments to this budget may occur up to project close-out, but no later than June 30. <i>Discretionary grant funds may not be “carried-over” into the next state fiscal year.</i>				
<b>Optional: Attach a supplementary budget outlining the projected expenses for each of the budget items listed below.</b>				
Prime Applicant District:		Legal Entity:		Project Number:
<b>Budget Items</b>	<b>Proposed Budget</b>	<b>Approved Budget 1</b>	<b>Approved Budget 2</b>	<b>Approved Budget 3</b>
1. Salaries and Benefits				
2. Operating Expenses				
3. Professional Development				
4. Transfer to other districts 6200-930				
<b>5. TOTAL BUDGET</b>				
<b>OPI USE ONLY: APPROVED BY / DATE</b>				